

**McLean County Unit District No. 5**  
**Kingsley Junior High School**  
**Health Education Permission Form**

In compliance with Illinois State Board of Education Standards 22A, 23A and 23 C, and the district curriculum (stated below), we will be covering the following topics in Health:

**6<sup>th</sup> Grade**

Students will learn the aspects of health (social, physical, mental/emotional). Students will gain knowledge of human growth and development as it relates to the endocrine system and person hygiene. Students will be able to demonstrate problem solving skills through decision making and conflict resolution. Students will identify specific first aid and safety habits. Students will become familiar with drug awareness through the two week Project Oz program.

**7<sup>th</sup> Grade**

Students will be able to understand why physical activity is important to a young teen's everyday life. Students will be introduced to a variety of social issues that teens encounter (mental/emotional disorders and peer pressure). Students will be able to describe the structure and functions of body systems (cardiovascular-CPR infant and child, respiratory, digestive and nervous). Students will gain an understanding and knowledge of drug related behaviors on physical, mental, and social well being through the Project Alert Program.

**8<sup>th</sup> Grade**

Students will continue to apply knowledge and skill with regard to CPR (adult). Students will enhance their personal development in learning strategies for stress reduction and proper eating habits. Students will focus on human growth and development with emphasis on relationships, the reproductive system, and abstinence, consequences of teen pregnancy, STI's, HIV/AIDS, and date rape. Students will continue to develop an understanding of the dangers of drug use. .

The permission form needs to be returned either signed or unsigned by a date designated by your student's teacher. If the form is returned unsigned, in compliance with Article 27-9.1 of the Illinois School Code, your student will be provided with an alternate learning activity. The alternate learning activity will consist of a research assignment or assignments that relates to Health. The Health related topic or topics will be determined by the teacher. Students who do not return the form will be assigned the alternate learning activity

If you have any questions please contact your son or daughter's Physical Education teacher here at school by phone or email.

I give my student permission to participate in the above-mentioned Health units.

Student Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_